

**ASD Task Force Recommendations:  
A Summary of State Reports  
Part II**

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**Funding  
Analysis  
Development  
Funding Structures**

Analysis	
Determine long term fiscal costs due to lack of appropriate early interventions.	
	Ohio p. 5 FS - 4
Analyze the impact and cost of staff training.	
	Wisconsin p. 11
When possible, complete a funding analysis on recommendations.	
	Washington p. 98
Establish an estimate of existing public investments in supportive housing.	
	California p. 3 (TSS)
Establish estimates for cost per unit regionally of supportive housing.	
	California p. 3 (TSS)
Development	
Evaluation	
Fund development, implementation and evaluation of models	
	Illinois p. 16
Fund development, implementation and evaluation specific to adult transition programs	
	Illinois p.
	Vermont p. 60
Fund the creation and maintenance of an Internet website dedicated to ASD which contains information and links to service providers.	
	California p. 3 (EPD)
	California p. 4 (EII)
	Texas p. 3
Fund community outreach, community based resource centers focused on sharing information about ASD with families.	

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	California p. 4 (EPD)
	Idaho p. 8
	Illinois p. 16
Create separate and additional general funds to establish statewide and regional research, dissemination and service organization hubs.	
	Alabama p. 2 (PR)
	Oregon p. 17
Support increased funding focused on improved screening and early identification.	
	Alabama p 3 (PR)
	Minnesota p. 28 #2
	Mississippi p. 19
	Vermont p. 59
Medicaid	
Explore possibility of providing Medicaid school-based reimbursement for provision of services by Board Certified Behavior Analysts.	
	Michigan p. 2 (B-6)
Create and fund a Medicaid home and community based waiver.	
	Alabama p. 1
	Mississippi p. 27
	Ohio p. 8 WS - 1
	Washington p. 98
Enact Medicaid buy-in legislation.	
	Ohio p. 6 FS - 16
Reallocate unused Medicaid waiver permissions for priority enrollment to locations where resources and waiver slots are available.	
	Ohio p. 8 WS - 2
Provide a funding stream for those not eligible for Medicaid	
	Illinois P. 16
Fund ABA programs thru Medicaid Waivers and Private Insurance	
	Alabama p. 4 (PR)

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Use State Aid special education preschool funds as potential state match to support HCB Medicaid Waiver for intensive in-home services.	
	Michigan p. 2 (B-6)
Establish an Autism Waiver for children.	
	Illinois p. 23
	Wisconsin p. 22
Tailor the Autism Waiver benefits package based on the degree of the disability.	
	Pennsylvania, p6 (FSSC)
Use waiver funding to reimburse providers for training.	
	Wisconsin p. 11
Write legislation to increase funding for waiver.	
	Minnesota p. 36 #1
Incentives	
Create an autism awareness license plate as fund raising strategy.	
	Ohio p. 5 FS - 5
	Washington p. 98
Create a state corporate tax credit/tax incentives.	
	Ohio p. 6 FS - 11
	Pennsylvania, p. 3 (FSSC)
	Washington p. 98
Establish incentives to draw and maintain quality direct service.	
	Pennsylvania p. 18 (FSSC)
	Wisconsin p. 13
	Virginia p. 83
Fund regional models of community integration.	
	Illinois p. 16
Fund incentives for schools to create community-based life skills training.	
	Illinois p. 16
Fund development of young adult services in all areas of living.	
	Illinois p. 16

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Maintain or increase funding for community-based programs.	
	Main p. 61
	Ohio p. 6 FS - 14
	Oregon p. 2 & 7
Ensure equitable funding for travel to serve all children with autism spectrum disorders.	
	Wisconsin p. 9
If funds are provided for medical or mental health assistance to children with developmental disabilities/mental health needs, provide access to those funds if the child is diagnosed with autism.	
	Minnesota p. 35 & 36 #1
	Ohio p. 4 TS - 12
Support appropriate information technology specific to autism	
	Illinois, pps 6, 7, 18
Increase dollars for state specific research	
	Illinois p. 6, 7 & 8
Provide additional dollars to local Protection and Advocacy organizations.	
	Ohio p. 6 FS - 10
Commit to funds to accomplish mission of Interagency Council on Autism	
	Texas p. 3
Convene task force to develop resources to meet and support the need for ABA.	
	Maine p. 61
Seek additional funding resources.	
	Oregon p. 15
Education Focus	
Create/maintain an educational scholarship/waiver	
	Ohio p. 4 FS - 1
Develop and implement appropriate education and support for all graduating students with ASD prior to student leaving the high school setting.	
	Washington p. 97
Fund monitoring and enforcement of appropriate transition plans	
	Illinois p. 16

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Fund local school district for transition needs.	
	Illinois p. 16
Restore funding to LEAs for staff training days.	
	California p. 3 (EPD)
Require or strongly encourage memorandum of understanding between LEA's and regional centers to provide services for ASD.	
	California p. 3 (EPD)
Establish a fund to support evidence-based training of paraprofessionals and teachers.	
	Alabama p. 5 (PR)
Continue to advocate that the state and federal government fully fund special education programs/services	
	Illinois (throughout)
	Kentucky p. 8
	Ohio p. 6 FS - 13
	Virginia p. 78
Increase funding for early childhood programs to accommodate the focused therapies and other needs.	
	Mississippi p. 20
Increase funding for staff, additional services, teacher preparation, staff development and teacher compensation	
	Virginia p. 80
Require school systems to fund independent evaluations by qualified examiners outside of the school system.	
	Alabama p. 4 (PR)
Grants	
Write legislation to increase funding to expand the number of service grants to providers.	
	Minnesota p. 36 #1
Establish demonstration projects with grant funding to help improve the coordination of early childhood transition through age 22.	
	California p. 4 (EPD)
Establish demonstration projects to provide more effective "universal screening" for developmental	

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milestones.	
	California p. 2 (EII)
Establish demonstration programs for improved partnerships and collaboration with community based organizations.	
	California p. 5 (EII)
Appropriate funds to reduce or eliminate waiting lists for services.	
	Texas p. 6
Design incentive program to gain more education, behavioral health, and psychology degrees (loan forgiveness, etc)	
	California p. 7 (TSS)
	Ohio p. 5 FS - 9
	Pennsylvania p. 4 FSSC
	Washington p. 98
	Wisconsin p. 13 & 26
Identify alternative funding sources for travel with a focus on rural and medically underserved.	
	Washington p. 8
<b>Funding Structures</b>	
Encourage partnerships between government agencies and private foundations to seek development and implementation model of monies.	
	Pennsylvania p. 5 (FSSC)
Clarify access to EPSDT funding for treatment options.	
	Minnesota p. 33 #1
Revise preschool funding to meet needs.	
	Ohio p. 5 FS – 3; FS - 7
Update the special education weighted formula to reflect current service provision costs.	
	Ohio p. 5 FS - 6
	Washington p. 98
Review and revise state and federal funding to optimize service, reimbursements and payment across separate systems.	
	Illinois pps 7, 22, 23

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	Kentucky p. 15
	Michigan p. 2 (B-6)
	Texas p. 7
Structure reimbursement rates to retain quality provider pool.	
	Pennsylvania p. 7, E&C(B)
	Wisconsin p. 12
Adopt rate differentials for services.	
	California p. 7 (TSS)
Specifically structure billable time (re: treatment, meetings, travel, etc).	
	Wisconsin p. 12
Cap amount of billable time under the waiver.	
	Wisconsin, p. 9
Consider only reimbursing evidence-based treatments.	
	Wisconsin p. 19

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**Services**

**Coordination & Collaboration  
Development or Enhancement  
Diagnosis/Screening  
Establishing Oversight**

Coordination & Collaboration	
System Design	
Develop and implement a three level system of service delivery and support for the continuous improvement of services to students with ASD.	
	Oregon p. 2
Support best practices throughout the state.	
	Texas p. 8
Establish data sharing programs between the Department of Education and the Department of Health (and/or physicians) to establish trends in early childhood diagnosis, services, and supports	
	Alabama p. 3 (PR)
	California p. 2 (TSS)
	Minnesota p. 28 #2
Discuss whether there should be interface between the Public Health Registry and service eligibility for adults with ASD/PDD.	
	Delaware p. 11
Create a memorandum of understanding across all systems.	
	Illinois p. 16
	Kentucky p. 17
Adopt, implement, and evaluate mediation model to lessen cross-systems conflict.	
	Illinois p. 17
Create a way for medical and school professionals to work more closely.	
	Minnesota p. 28 #2
	Pennsylvania p. 17 F&SI
	Virginia p. 83

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Create mechanisms to coordinate Medicaid and educational systems.	
	Kentucky p. 16
	Virginia p. 85
Coordinate a regional service delivery system.	
	Kentucky p. 15
	Nebraska p. 9
	Ohio p. 2 TS-2; 3 TS-3
	Washington p. 97
Have multiple but organized portals of entry.	
	Illinois p. 6
Statewide Specific	
Design a comprehensive statewide system to identify the number of individuals with autism	
	Kentucky p. 12, 17
	Maine p. 6
	Minnesota p. 28 #2
	Ohio p. 2 ID-6
	Ohio p. 2 ID-4
	Oregon p. 11
	Washington p. 97
Create state emergency preparedness plans and trainings which incorporate awareness of the needs and possible behaviors of individuals with ASD during a time of crisis.	
	Washington p. 98
Develop cohesive, statewide rules for administering a menu of appropriate services based on best practice.	
	Mississippi p. 20
Develop a statewide website	
	Mississippi p. 16
	Nevada p. 13 (NAS:2)
Coordinate services offered at schools across the state.	
	Kentucky p. 13

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	Virginia p. 85
Make services across the state equitable, available and accessible.	
	Nebraska p. 2
	Pennsylvania p. 11 F&SI
	Virginia p. 82, 83
	Wisconsin p. 8
Create a single intake process used by all agencies serving children with ASD.	
	Minnesota p. 28 #2
Develop standards, guidelines and specific plans that lay out proactive services for children and families throughout all service areas.	
	Indiana p. 41
Create a statewide, across all disabilities searchable database.	
	Illinois p. 8
Create a statewide, searchable database focused on ASD which houses a timetable focused on aging out.	
	California p. 2 (TSS)
Create a central clearinghouse of information on ASD for SPOE into the system.	
	Illinois p. 17, 24
	Minnesota p. 37 #1
	Wisconsin p. 14
	Pennsylvania p. 7 (I&A)
	Vermont p. 60
	Washington p. 98
Eliminate redundancy in paperwork/combine forms/streamlines demographic information onto one sheet	
	Pennsylvania p. 5 (FSSC)
Create standardized autism parent information book with resources.	
	California p. 4 (EPD)
	Pennsylvania p. 7 (I&A)
	Washington p. 98
Develop statewide interagency coordinated service system which includes educational, social service, and mental health entities.	

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	Alabama p. 1 (PR)
	Idaho p. 11
	Minnesota p. 35 #1
Create an entity to coordinate federal, state, private and other funding for ASD.	
	Kentucky p. 8
Designate a state board, division or department to oversee all services.	
	Alabama p. 1 (PR)
	Ohio p. 2
	Oregon p. 12
	Pennsylvania p.4 E&C(B)
	Pennsylvania p. 11 F&SI
Designate a statewide center to coordinate lifespan services (including referral), research, and dissemination.	
	Alabama p. 5 (PR)
	Colorado Sec 3
	Illinois p. 6
	Kentucky p. 15
	Nebraska p. 2 & 4
	Nevada p. 5; NAS 1
	Ohio p. 2, TS-1, p. 3
	Oregon p. 11
	Pennsylvania. p. 5 E&C(B)
	Pennsylvania p. 21 F&SI
	Texas p. 3
Create interagency coordinator across all systems.	
	Illinois p. 15
Create automated toll-free number for statewide clearinghouse of information and referrals	
	California p. 4 (EII)

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	Illinois p. 24
	Pennsylvania p. 14 F&SI
Transition	
Create transition document to go across all systems.	
	Illinois p. 16
Expand pool of licensed and certified transition specialists in school and non-school environments.	
	Illinois p. 18
	Oregon p. 13
Hold discussions about transition specific recommendations.	
	Alabama p. 8 (Phase 1)
	Illinois p. 10 – 18
Require statewide use of transition planning software for schools, families, and providers.	
	Oregon p. 11
Determine which evaluation instruments will be used by all early intervention providers and school districts to eliminate transition problems.	
	Mississippi p. 21
Establish uniformity or eliminate transition from early childhood services to school.	
	Illinois p. 9
	Pennsylvania p. 6 (FSSC)
	Mississippi p. 21
Program Design	
Establish resource centers specializing in both ASD and other medical and behavioral disorders to provide school districts with training and hands-on technical assistance.	
	Mississippi p. 25
	Nebraska p. 4
	Washington p. 97
Establish “best-practice” model to be used across medical & educational settings.	
	Alabama p. 2 (PR)
	Pennsylvania p. 8 I&A

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Mandate accountability in coordination.	
	Illinois p. 8
Design or adopt a statewide resource manual based on best practice standards.	
	Colorado Sec 3, p. 11-20
	Minnesota p. 34 #1
	Mississippi p. 19
	Nebraska p. 10
	Ohio p. 7 AL - 1
	Pennsylvania p. 5 E&C(B)
	Washington p. 98
Create provider manual for all service areas.	
	Pennsylvania p. 8 I&A
Eliminate service gaps in the summer for 3-year olds.	
	Illinois p. 9
Create a program to implement and monitor services and supports for individuals and families.	
	Kentucky p. 15 & 17
Establish a method to monitor over the long term the treatment interventions used with the ASD population.	
	California p. 7 (TSS)
Request leading experts in supportive housing alternatives to summarize and identify specific traits of quality housing.	
	California p. 2 (TSS)
Convene experts willing to review materials/comments/collaborate on specific solutions.	
	California p. 2 (TSS)
Coordinate intervention programs to include both home and parent training component to assist in the generalizing of skills.	
	Maryland p. 19
Create consortiums to share resources by joining school districts which serve fewer than 30 students with ASD.	

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	Mississippi p. 23
Strategies for communication (notebooks, data sheets, weekly phone calls, emails, etc) between service providers and families should be discussed at IFSP/IEP meetings.	
	Maryland p. 19
Development or Enhancement of Services	
System Wide	
All services should utilize positive behavior supports.	
	Michigan p. 4 Preface for Intervention
All services should be person centered.	
	Michigan – p. 2-3 Preference for Intervention
Provide services as soon as a diagnosis is considered, or within a stated amount of time.	
	Alabama p. 7 (Phase 1)
	Alaska p. 14
	Maryland p. 19
	Michigan – p. 2-3 Preference for Intervention
	Vermont p. 44
	Washington p. 97
Establish responsive 24/7 services.	
	Illinois p. 17
Expand options for affordable services for children of middle income families.	
	Texas p. 6
All service agencies should add ASD service eligibility criteria around their service focus.	
	Delaware p. 10
Integrate evidence-based practices into publicly-funded agencies.	
	Michigan P. 2 (B-6)

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Develop interventions that promote increased: variety in community/school settings, choices, leisure activities, social network, and independence	
	Idaho p. 11
	Washington p. 98
Develop and fund training for in-home services.	
	Vermont p. 60
Implement family and sibling support systems as crisis prevention.	
	Alabama p. 10 (Phase 1)
	Pennsylvania p. 17 F&SI
	Washington p. 98
Eliminate transportation barriers to service.	
	Illinois p. 6, 22
	Ohio p. 4 TS - 10
	Wisconsin p. 8
	Virginia p. 79
Vocational supports (through Vocational Rehabilitation and employment agencies) that specifically address the needs of individuals with ASD.	
	Alabama p. 5 (PR)
	Ohio p. 7 AL - 6
	Pennsylvania p. 27 F&SI
Promote the establishment of centers of excellence for ASD.	
	Illinois p. 8
	Oregon p. 2
	Washington p. 97 & 98
Establish incentives for delivering quality care.	
	Illinois P. 10
	Pennsylvania p. 7 E&C (B)
Establish community awareness programs.	
	Alabama p. 3 (PR)

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	Idaho p. 8
	Illinois p. 6, 7
	Michigan p. 2 (B-6)
	Pennsylvania p. 7 (I&A)
	Virginia p. 78, 83
Hire more specialists with demonstrated expertise in autism.	
	Pennsylvania p. 17 E&C(B)
Increase reimbursed community-based services for individuals with autism.	
	Illinois p. 6
	Ohio p. 7
	Pennsylvania p. 9 (I&A)
Identify and recruit qualified behavior analysts.	
	Main p. 61
	Oregon p. 7
	Wisconsin p. 13
Expand community-based services (those not provided by schools).	
	Alabama p. 10 (Phase 1)
	Virginia p. vi, 79, 81
Provide more opportunities for respite.	
	Alabama p. 10 (Phase 1)
	Oregon p. 9
	Pennsylvania p. 23 F&SI
Provide wrap-around services that coordinate with respite.	
	Washington p. 98
Teach acquisition of skills with behavior modification.	
	Maine p. 6, 61
Improve/create rural outreach programming.	
	Indiana p. 41
	Nevada p. 13 NAS:2

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Establish inclusive environments within educational and community settings.	
	Pennsylvania p. 21 F&SI
Early Childhood	
Make a thorough effort to enhance the child's verbal communication skills prior to transition from early intervention to school.	
	Illinois p. 10
	Vermont p. 44 & 60
Measure early childhood outcomes as required under IDEIA.	
	Michigan p. 2 (B-6)
Increase the number of ASD providers, generalists and early childhood providers trained the evidence-based intervention techniques.	
	Alabama p. 6 (Phase 1)
	Mississippi p. 21, 23
	Washington p. 98
Include structured group settings in IFSP.	
	Illinois p. 10
Establish intensive instructional programming for children in early childhood programs.	
	Vermont p. 44
Extend services to age 5 pursuant to 635c IDEIA	
	Illinois p. 10
Increase state's early intervention services to meet the needs of children with ASD.	
	Alabama p. 3 (PR)
	Kentucky p. 16
Enhance preschool programs by providing 25 hours a week of combined educational and individual instruction year round.	
	Alabama p. 3 (PR)
Develop a minimum standard for the number of service hours children will receive.	
	Maryland p. 20
K-12	
When necessary and appropriate, consider using present staff for more than one child.	

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	Pennsylvania p. 6 FSSC
Establish ASD experts within each school district and then, over time, within each school.	
	Mississippi p. 23
Greater intensity of school-aged services, including extended school year	
	Alabama p. 6 (Phase 1)
Establish a continuum of residential sites and options for school aged children with ASD which collaborate with the child's education program.	
	Oregon p.19
Establish resources & supports for high school aged teens with ASD.	
	Pennsylvania p. 24 F&SI
Review/modify/extend rules for ESY services.	
	Illinois p. 6
	Ohio p. 3 TS-5
Increase paraprofessional involvement in the classroom.	
	Virginia p. 78
Provide a variety of classroom placements.	
	Virginia p. 81
Design instructional programming specific to needs of the child.	
	Virginia p. 81
Monitor when children begin receiving 20 hours of face-to-face treatment per week.	
	Wisconsin p. 25
Intensive instructional program with a minimum of 25 hours per week, chronologically and developmentally appropriate.	
	Alabama p. 5 (Phase 1)
	Alabama p. 6 (Phase 1)
	Michigan p. 3 (B-6)
	Michigan – p. 2-3 Preference for Intervention
	Washington p. 97

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Intensive instructional program with a minimum of 30 hours per week, chronologically and developmentally appropriate.	
	Mississippi p. 16
	Washington p. 97
Create learning environments with repeated, planned teaching opportunities, 1-to-1 and small group.	
	Michigan – p. 2-3 Preference for Intervention
Merge behavioral plan and IEP into one document.	
	Minnesota p. 36 #1
	Pennsylvania p. 17 F&SI
Post-Secondary	
Establish a continuum of residential sites and age appropriate options for adults with ASD.	
	Alabama p. 5 (PR)
	Washington p. 98
Provide adults with ASD multidisciplinary supports, therapies, vocational assistance and other services to assist them in developing and maintaining life skills and successful employment.	
	Washington p. 97
Provide appropriate, publicly funded services to adults with ASD so they can meet set employment standards.	
	Washington p. 98
Identify appropriate employment opportunities for adults with ASD.	
	Illinois, p. 7
	Ohio p. 7
	Vermont p. 60
Establish transition programs at State Universities for individuals with ASD.	
	Alabama p. 5 (PR)
Build more post-secondary educational supports for individuals with ASD.	
	Vermont p. 60
Research	

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Encourage increased research in autism.	
	Idaho p. 8
	Ohio p. 4 TS - 13
Establish research agenda including public policy, personnel prep, positive life outcomes, diagnosis and assessment, intervention and treatment, and family/community involvement.	
	Idaho p. 8
<b>Diagnosis/Screening</b>	
Establish a system for early identification and intervention services.	
	Nebraska p. 2
Reward or penalize public health practitioners who either conduct or don't conduct screening	
	Alabama p. 3 (PR)
Establish a screening and assessment clinic	
	Nevada p. 13 NAS:2
Improve developmental screening in a medical home using ABCD grant initiative.	
	Michigan p. 3 (B-6)
Investigate the concept of the Medical Home more thoroughly to see if services are applicable to the state.	
	Indiana p. 41
Educate parents and all stakeholders about the benefits of screening and identification of young children.	
	Idaho p. 8
	Minnesota p. 25 & 27 #2
Educate the medical community about the benefits of screening with specific tools at every well-child visit.	
	Alabama p. 4 (Phase 1)
	Alabama p. 9 (Phase 1)
	Idaho p. 8
	Minnesota p. 25 #2
	Mississippi p. 14, 16
	Washington p. 98
Establish universal screening.	

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	Alaska p. 14
Promote screening, diagnosis and referral throughout the lifespan.	
	Washington p. 97
Investigate and revise eligibility requirements in regard to children and adults.	
	Illinois p. 23
	Minnesota p. 33 #1
Eligibility for services should be based on diagnostic criteria and functional impairment criteria.	
	Delaware p. 10
Improve regional capacity to provide timely medical diagnosis.	
	Alabama p. 11 (Phase 1)
	Ohio p. 2 ID-3
	Mississippi p. 14
	Nebraska p. 9
	Vermont p. 59
Shorten the length of time taken for evaluation.	
	Pennsylvania p. 5 (FSSC)
Promote earlier diagnosis.	
	Minnesota p. 25-27 #2
At the individual level: consider the whole child, the child's environment, the services to be provided, and the age and development of the child when determining the amount of services to be offered.	
	Maryland p. 20
	Virginia p. 81
Devise a multidisciplinary assessment team.	
	Michigan –Proposed assessment tools
	Michigan p. 3 (B-6)
	Minnesota p. 35 #1
Use a cross-system, specifically defined assessment tool.	
	Michigan –Proposed assessment tools

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	Mississippi p. 16
Evaluations should consider educational, developmental, and medical issues.	
	Maryland p. 20
Ensure assessment uses evidence based tools	
	Alabama p. 5 (PR)
	Michigan –Proposed assessment tools
	Mississippi p. 16, 22
Identify an assessment team member who will link to the child and family to provide service recommendations.	
	Michigan –Proposed assessment tools
Screen all children for autism	
	Kentucky p. 16
	Ohio p. 1
	Washington p. 97
Establish a standard practice of autism diagnosis.	
	Delaware p. 10
	Ohio p. 2 ID-2
Diagnosis of ASD or PDD should be made using the DSM-IV diagnostic criteria.	
	Delaware p. 10
ASD should be conceptualized as a non static neurobiological disorder with psychiatric co-morbidity within state documents.	
	Alabama p. 5 (PR)
Only qualified professionals should conduct evaluations.	
	Maryland p. 20
	Delaware p. 10
Discuss whether to address Rett’s Disorder because of its eventual course resulting in mental retardation.	
	Delaware p. 11
Diagnosis of Rett’s Disorder should be confirmed with the use of the Rett’s DNA Test.	

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	Delaware p. 11
Establishing Oversight	
Create local ombudsman position to investigate and resolve statewide complaints.	
	California p. 4 (EPD)
Create ombudsman position to oversee statewide programs and provide policy direction.	
	California p. 4 (EPD)
Hire medical coordinators for regional centers to assist in accessing dental care for persons with ASD.	
	California p. 7 (TSS)
Create a state level “transition specialist” position for lifespan transitions.	
	Illinois p. 7, 19
Create ombudsman position specific to ASD to mediate travel and other administrative duties (outside of Medicaid).	
	Wisconsin p. 9
Designate a single person as a director to oversee all services to individuals with autism. This person should report to a designated authority or an interagency council.	
	Alabama p. 1 (PR)
	Mississippi p. 25
	Nebraska p. 3
Establish a permanent legislative subcommittee to focus on ASD issues during the interim periods of the General Assembly.	
	Kentucky p. 20
Create and implement policy that guides, regulates, funds and enforces multi-agency system of coordinated services.	
	Idaho p. 10
Enact legislation requiring public and private entities to collaborate and assume responsibility for service provision.	
	Minnesota p. 35 #1
Establish uniform policy interpretations concerning service levels and accessibility.	
	California p. 5 (EPD)
	Idaho p. 10

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	Illinois p. 10
Request the legislative appointment of an agency to serve as coordinator and services to individuals with ASD and as a coordinator for federal and state funding.	
	Mississippi p. 28
Create a joint task force with necessary state agencies and personnel to continue making recommendations for improved services beyond the term of the current task force.	
	Mississippi p. 25
Monitor caseloads based on severity, age, level of intervention needed, and region.	
	Alabama p. 2 (PR)
	Oregon p. 15
	Vermont p. 44
Poll what services are used by individuals on the spectrum and what gaps are present.	
	Ohio p. 7 AL - 5
Increase monitoring and accountability for early childhood education programs to begin services at the proper, legally defined time.	
	Illinois p. 12
Limit class sizes.	
	Michigan p. 3
	Virginia p. 80, 81
Ongoing evaluation of interventions (school aged)	
	Maine p. 6, 61
	Michigan p. 3 Preface for Interventions.
Ongoing evaluation of interventions (community based)	
	Pennsylvania p. 7 FCCS
Cap the amount of billable time not spent on direct services.	
	Wisconsin p. 9
Mandate or strongly suggest training/continuing education for all providers (school, community, etc).	
	Illinois p. 16
	Ohio p. 7 AL - 4

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	Oregon p. 7
	Texas p. 5
Identify and implement consistent statewide educational practices.	
	Colorado Sec. 3
	Kentucky p. 15
	Oregon p. 12
	Pennsylvania p. E&C(B)
Periodically review and update established state-level service guidelines.	
	Ohio p. 3 TS - 8
Conduct a comprehensive review of state admin hearing processes for resolving disputes about regional center and special education services to help identify inconsistencies in services.	
	California p. 4 (EPD)
Recommend effective educational practices.	
	Oregon p. 14
Include principles for system effectiveness in appropriate policy	
	Virginia p. 6
Require that services be driven by consumer need	
	Illinois p. 6
Clarify accountability within government and schools for services and use of funds.	
	Illinois p. 6
	Ohio p. 6 FS - 12
Recognize individual needs versus grouping needs system-wide.	
	Virginia p. 79, 80
Utilize the same communication styles and structures across service systems.	
	Illinois p. 9
Recommend state level program indicators.	
	California p. 5 (EPD)
	Illinois p. 8
Improve data collection and reporting on children with ASD.	
	California p. 2 (TSS)

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	California p. 5 (EPD)
	Michigan p. 61
	Minnesota p. 26 #2
Investigate the level of services for high incidence versus low incidence diagnoses.	
	Illinois p. 22
Investigate effectiveness and appropriateness of case management.	
	Wisconsin p. 13
Establish strategy to assign a case manager/service coordinator knowledgeable about autism and services for that population at time of identification.	
	Minnesota p. 36 #1
Incorporate biomedical, behavior and psychological interventions into programs and practices.	
	Illinois p. 8
Ensure services are eclectic, scientifically and evidence based, and are validated procedures.	
	Alabama p. 5 (PR)
	Alabama p. 11 (Phase 1)
	Illinois, p. 6, 25
	Maine p. 6, 61
	Virginia p. v1, 80-82
	Pennsylvania p. 20 E&C(B)
Ensure related service opportunities include Occupational Therapy, Speech, Physical Therapy, and Behavioral Analysis or similar profession.	
	Mississippi p. 24
Raise school expectations of children diagnosed with ASD.	
	P. 78
A ratio of 1 teacher per two students.	
	P. 3 Preface for Intervention

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	Vermont p. 44
All interventions should expand options for children and families.	
	Michigan p. 4 Preface for Intervention
All practices should be revised/reviewed every 2 years against current research.	
	Michigan p. 4
Encourage providers to recruit parents as direct service professionals.	
	Wisconsin p. 14
Examine the role of schools in providing services to children with ASD.	
	Wisconsin p. 24
Establish standards for hiring school-based paraprofessionals.	
	Pennsylvania p. 14 E&C(B)
Ensure high quality (sufficient intensity and monitored progress), inclusive child care for early developmental stages.	
	Minnesota p. 35 #1
	Pennsylvania p. 14 F&SI
	Vermont p. 44

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**Training/Licensure  
Application/Design  
Development  
Recipients**

Application/Design	
Fully train individuals and assess utilizing effective, standardized assessments.	
	Illinois p. 7
	Indiana p. 42
	Virginia p. vi, 78
Establish training in self-advocacy in schools.	
	Illinois p. 17
Create statewide training campaigns to educate parents on rights, laws and procedures pursuant to transition.	
	Illinois p. 11 & 17
	Indiana p. 39
Establish a comprehensive resource network to promote successful transitions and supports throughout the lifespan.	
	Kentucky p. 19
	Mississippi p. 16
Establish core elements of best practice for all trainings.	
	Oregon p. 14
	Pennsylvania p. 7 E&C(B)
Training for parents and service providers should be systematic, comprehensive and utilize a variety of education and instructional approaches.	
	Alabama p. 5 (Phase 1)
	Alabama p. 6 (Phase 1)
	Colorado p. 1, Sec 3
	Michigan p. 3 (B-6)

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	Nebraska p. 2
	Washington p. 98
Ensure trainings are implemented in a responsive and timely manner.	
	Colorado p. 1, Sec 3
Monitor that trainings are effective through periodic evaluations.	
	Alabama p. 11 (Phase 1)
	Colorado p 1, Sec 3
	Oregon p. 14
Establish a training model that allows for more detailed and specific training to occur and is responsive to changes in services based on research.	
	Mississippi p. 15
Development	
Develop a DVD on best practices with demonstration for teachers, other professionals, and parents.	
	California p. 3 (EPD)
Develop and implement training for current and pre-service educators that includes shadowing and mentoring.	
	Indiana p. 42
Devise workgroup to look at fiscal, provider capacity and other issues related to training.	
	Wisconsin p. 25
Take into account multiple learning styles of the participants during training.	
	Colorado p. 1, Sec 3
Create regional, multi-disciplinary ASD training teams to provide in-service training for educators, other service providers, and parents on best practice for ASD interventions.	
	Delaware p. 2
Develop an autism endorsement for school personnel.	
	Ohio p. 4 TS - 9
Acknowledge training that is not governed but is approved by the Department of Education	
	Oregon p. 13
Operate alternative teaching credential programs and certificate programs that provide specialized training in ASD.	

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	California p. 3 (EPD)
Develop incentives for university instructors to experience and maintain connection with daily practice.	
	Pennsylvania p. 13 E&C(B)
Improve the quality of training for early childhood education professionals by working more closely with experts and advocates in the field of autism.	
	Minnesota p 27 #2
Establish a continuum across the infrastructure, specifically during transition periods.	
	Illinois p. 6
	Ohio p. 7 AL - 2
	Vermont p. 60
	Virginia p. 85
Require timely educational identification of students with autism.	
	Ohio p. 2 ID-5
Develop statewide, comprehensive training plan.	
	Indiana p. 39
	Kentucky p. 9
	Maryland p. 19
	Washington p. 98
Provide updated technical support and training through a statewide entity to disseminate ASD information and training on life span issues and transitions.	
	Illinois p. 17
	Kentucky p. 20
	Minnesota p. 34 & 37 #1
	Mississippi p. 24, 28
	Nebraska p. 2
	Ohio p. 3 TS-6
	Oregon p. 12
	Vermont p. 60
	Virginia p. 85

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	Pennsylvania E&C(B)
Establish certification standards for autism specific residential providers.	
	Alabama p. 5 (PR)
Establish certification standards for early intervention and early childhood education programs.	
	Illinois p. 11
Establish statewide standards for teaching children with ASD.	
	Nebraska p. 5
Infuse statewide standards for teachers with competencies developed by the National Council for Accreditation of Teacher Education and the Council for Exceptional Children.	
	Indiana p. 40
Establish benchmarks, obtain guidance from the Federal level, determine which services will be funded by the state, and explore Medicaid waiver coverage for adults moving from Adult Day services to senior care systems.	
	Illinois p. 19
Develop a panel of experts (parents, practitioners and researchers) to review research, outcomes, make recommendations, and update resource information.	
	Michigan p. 2 (B-6)
Consider licensure structure for behavior analysts.	
	Wisconsin p. 18
Identify and require specific credentials for all providers.	
	Ohio p. 3
	Oregon p. 12
	Pennsylvania p. 7-18 C&E(B)
Develop training for care across the lifespan.	
	Illinois p. 7
Create an independent ASD Advisory Board with full stakeholder representation to make recommendations to the legislature or other governing body (e.g. State Department of Education)	
	Mississippi p. 27 (29)

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	Nebraska p. 5-6
Recipients	
Individuals	
Design risk reduction and victimization training for persons with ASD so they can know and understand their rights, and know how to seek help when they need it from the court system.	
Develop a protocol for social skills training for students with autism.	
	Ohio p. 3 TS - 7
	California p. 6 (TSS)
Community Supports and Direct Support Professionals	
Create a three-tiered training system for professionals as recommended by the National Research Council	
	Vermont p. 59
Service providers must receive training in service delivery based on researched methods.	
	Maryland p. 20
Develop statewide training for frontline staff.	
	Alabama p. 2 (PR)
	Illinois p. 7
	Kentucky p. 18
	Oregon p. 7
	Virginia p. 81
Create a residential Service Training Plan	
	Oregon p. 9
Mandate participation of adult service providers in transition-focused IEP meetings.	
	Illinois p. 17
University level training in service provision for children with ASD in all relevant areas.	
	Alabama p. 1 (PR)
	Kentucky p. 19
	Nebraska p. 5
	Pennsylvania p. 7 E&C(B)
	Virginia p. v1, 81, 84

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One to one aids and related staff should be properly trained, monitored and accredited.	
	Minnesota p. 36 #1
	Pennsylvania p. 21 F&SI
Educators or Educational Setting	
Provide family-school-agency communication training.	
	Illinois p. 17
	Virginia p. 81
Create specific university training program for future educators. Alabama specifies ABA training.	
	Alabama p. 4 (PR)
	California p. 3 (EPD)
	Indiana p. 42
	Ohio p. 3 TS 4; p 4 TS-11
	Mississippi p. 15
	Pennsylvania p. 12-13 E&C(B)
Develop training for non-educational staff addressing bullying and assisting in de-escalation of behaviors	
	Pennsylvania p. 15 E&C(B)
Create training for future educators which include working directly with children diagnosed with ASD.	
	Indiana p. 42
Train school safety officers.	
	Indiana p. 39
Mandate training for all school administrators and educators on social, behavioral, emotional and learning aspects related to ASD. Mississippi recommends every 2 years.	
	Alabama p. 7 (Phase 1)
	California p. 5 (TSS)
	Mississippi p. 22, 24
	Pennsylvania p. 21 F&SI
	Texas p. 4

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Establish licensure for school-based ABA.	
	Alabama p. 4 (PR)
Incorporate instruction about ASD into higher education efforts.	
	Illinois p. 7
	Virginia p. 85
	Pennsylvania p. 7-18 C&E(B)
Provide more in-depth training with specialized approaches for school personnel.	
	Kentucky p. 19
	Mississippi p. 14
	Virginia p. 79, 81
Recruit and train professionals and paraprofessionals to meet current shortage.	
	Alabama p. 2 (PR)
Train paraprofessionals including but not limited to 1:1 aids, instructional assistants, teaching assistants paid parent helpers, etc.	
	Maryland p. 19
	Nebraska p. 2
Recruit and train culturally & linguistically diverse staff.	
	Kentucky p. 8
	Oregon p. 7
	Pennsylvania p. 14 F&SI
Family Members	
Implement training specifically for parents focused on language delay.	
	Nevada p. 13 NAS:2
Include parents in all training.	
	Maryland p. 19
	Michigan – p. 2-3 Preference for Intervention
	Pennsylvania p. 19-24

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	E&C(B)
Educate parents in different training approaches, services and resources.	
	Alabama p. 6 (Phase 1)
	Colorado Sec 3, p. 1
	Kentucky p. 19
	Michigan – p. 2-3 Preference for Intervention
	Mississippi p. 14
	Nebraska p. 2
	Nevada p. 13 NAS:2
	Pennsylvania p. 19-24 E&C(B)
	Vermont p. 44 & 60
	Virginia p. v1, 81
Educate parents in the differences between involvement in early intervention services and early childhood education services.	
	Illinois p. 11
Ensure all school personnel are involved in comprehensive trainings.	
	Alabama p. 4 (PR)
	Colorado p. 1, Sec 3
	Maryland p. 19
Medical Professionals	
Develop training for tomorrow's medical profession about autism and the benefits of screening and identification.	
	Alabama p. 4 (Phase 1)
	Idaho p. 8
	Minnesota p. 26 #2
	Mississippi p. 19
	Washington p. 98

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Train first responders (police, medical, etc).	
	Alabama p. 4 (PR)
	California p. 5 (TSS)
	Mississippi p. 15
	Pennsylvania p. 28 F&SI
	Washington p. 98
All	
Require that all professional and support staff (including pediatricians, speech pathologists, and physical/occupational therapists) receive training in behavioral intervention strategies and communication needs specific to ASD.	
	California p. 5 (TSS)
	Texas p. 4
Develop tiered training for special education teachers, other service providers, education assistants and autism spectrum disorder specialists.	
	Oregon p. 12
Create trainings based on case-specific issues.	
	Pennsylvania p. 13 E&C(B)
Train independent facilitators to act as intermediaries between parents and schools.	
	Oregon p. 15
Include ongoing training and support for all recipients.	
	Colorado p. 1, Sec 3
	Kentucky p. 20
	Vermont p. 59
Promote eclectic, research-based training to educators and community based individuals.	
	Alabama p. 11 (Phase 1)
	Idaho p. 11
	Kentucky p. 10, 19
	Pennsylvania E&C(B)
	Virginia p. vi, 81

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	Washington p. 98
Design training to go across Medicaid and educational systems.	
	Illinois p. 7
	Kentucky p. 18
Expand training of professionals about ASD to include more stakeholders (e.g., parents, foster care, group homes, medical).	
	Colorado, Sec 3 p.1
	Illinois p. 18, 22
	Mississippi p. 14
	Oregon p. 9
Conduct quality, on-going training for all providers.	
	Pennsylvania p. 8 I&A
Create training for policy makers and public officials regarding the needs of families of individuals with ASD.	
	Kentucky p. 20

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**Establishing Partnerships**

Identify and approach research partners in diverse but related fields.	
	Illinois p. 25
Specific marketing to parents about resource information.	
	Illinois p. 8
	Mississippi p. 19
	Virginia p. 78, 80, 83
Design culturally competent resources and information.	
	California p. 4
Create a newsletter with treatment successes, how to coordinate therapies, etc	
	Illinois p. 10
Increase collaboration between schools and parents.	
	Virginia p. 78
Increase collaboration between parents and all service providers including agencies and schools.	
	Nebraska p. 2 & 11
Increase and enhance collaboration between early intervention and early childhood education professionals around ASD services.	
	Illinois p. 11
Increase collaboration between regional centers and school districts.	
	California p. 6 (EII)
Require diagnosticians to provide resources to parents after the diagnosis.	
	Virginia p. 78
Assessment team should include: parents, school personnel, medical personnel, and other deemed important.	
	Michigan –Proposed assessment tools
Give parents and providers same written program requirements in all service areas.	

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	Wisconsin p. 17
	Pennsylvania p. 7 I&A
Parents are given the opportunity and choice to participate as an equal partner in the design and delivery of services and supports at all levels of the system.	
	Idaho p. 10
	Mississippi p. 25
	Nebraska p. 2
Increase family support services/resource access.	
	Colorado Sec. 1
	Mississippi p. 19
	Ohio p. 7 AL - 3
	Pennsylvania p. 18 E&C(B)
	Vermont p. 60
	Pennsylvania p. 14 F&SI
Create an on-line clearinghouse listing providers and their training.	
	Colorado Sec 3 p. 11-20
	Illinois p. 8
	Oregon p. 11
	Pennsylvania p. 7 I&A
	Wisconsin p. 14
Fully fund parent mentor and advocacy programs.	
	Alabama p. 2 (PR)
	California p. 4 (EPD)
	Illinois p. 11
	Ohio p. 5 FS – 8; p. 7
	Pennsylvania p. 17 F&SI
When researching the development and implementation of programs, include families.	
	Illinois p. 8, 25
	Maryland p. 19

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	Oregon p. 7
Connect families with as parent mentor as soon as the child is diagnosed.	
	Pennsylvania p. 14 F&SI

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**Insurance**

Work toward an insurance mandate or improved mandate	
	Illinois p. 7, 28
	Kentucky p. 12
	Minnesota p. 36 #1
	Mississippi p. 26
	Ohio p. 4 FS – 2
	Pennsylvania p. 4 FSSC
	Texas p. 4
	Washington p. 7
	Wisconsin p. 24
	Virginia p. vi, 79
	Washington p. 98
Expand health benefits to entire spectrum.	
	Kentucky p. 16
Eliminate deductibles, coinsurance and co-payments to said health benefits.	
	Kentucky p. 16
Eligibility for Mental Health services through mental health parity legislation.	
	Ohio p. 6 FS – 15
Provide equivalent benefits to individuals with ASD that are provided to individuals with neurological disorders.	
	Alabama p. 5 (PR)
	Alabama p. 9 (Phase 1)

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